



TRAUMA, NERVOUS SYSTEM & TRAUMA-INFORMED SUPPORT

Empowerment

Recognising strengths, supporting agency and building self-efficacy without minimising barriers or shifting responsibility onto the individual.

The key idea

Empowerment means increasing real influence and access to resources, not simply encouraging positivity or independence. Individual strengths matter alongside relationships, environments and structural barriers.

What empowerment means

Empowerment in trauma-informed practice is about supporting people to recognise and use their existing strengths, knowledge, skills and rights. It is not something a professional gives to another person; the aim is to reduce unnecessary barriers to agency and participation.

Strengths-based practice

A strengths-based approach notices capabilities, resources, relationships, interests and previous coping alongside difficulties. This does not mean minimising distress or presenting adversity as a positive experience.

Key distinction

Strengths-based practice can recognise resilience and capability without suggesting that trauma, disability, distress or inequality should simply be overcome through a more positive attitude.

Agency and self-efficacy

Agency refers to a person's ability to act and influence what happens. Self-efficacy is the belief that one can organise and carry out actions needed in a particular situation. Support can strengthen both by creating realistic opportunities for participation and success.

Avoiding deficit-only narratives

Clinical and support systems often need to record needs, risks and impairments, but these should not become the whole description of a person. Language can acknowledge genuine difficulty without reducing someone to a diagnosis, behaviour or past experience.

Information and knowledge

Accessible information can increase a person's ability to participate in decisions. Explain options, rights, processes and likely next steps in a way the person can understand and use, rather than assuming information alone creates empowerment.

Skills and resources

Practical skills, communication tools, advocacy, financial or social resources, environmental adjustments and supportive relationships can all affect how much control a person can realistically exercise.

Supporting independence without withdrawing support

Empowerment is not the same as expecting someone to manage alone. Appropriate assistance can increase autonomy. Removing support in the name of independence may instead reduce a person's choices or safety.

Important to remember

Needing support and having autonomy are not opposites. The right support can make greater choice, control and participation possible.

Risk and positive risk-taking

Some services use positive risk-taking to describe proportionate support for choices that involve manageable risk. This should not mean ignoring safeguarding, capacity, professional duties or serious foreseeable harm.

Recovery and personal meaning

For some people, recovery-oriented approaches emphasise hope, identity, meaning and living a satisfying life alongside or beyond symptoms. Recovery is personal and should not be imposed as a requirement to become symptom-free, independent or productive.

Identity, culture and structural barriers

Empowerment is affected by more than individual confidence. Poverty, discrimination, inaccessible services, racism, ableism, gender-based inequality and other structural factors can restrict real choices. Individual coping strategies cannot substitute for addressing these barriers.

Professional power

Professionals may control access to assessments, records, referrals, treatment or resources. Being transparent about this power, inviting challenge and creating routes for review can help reduce unnecessary imbalance.

Example

A person says they want to manage more of their own appointments but finds telephone calls difficult. Rather than assuming they are either independent or dependent, the service agrees a written booking option, provides clear information about what to do if plans change and lets the person decide when they want additional support.

Practical check

Are strengths visible alongside needs? Does the person have usable information and realistic options? Are adjustments or resources needed to make participation possible? Is support increasing agency rather than simply transferring responsibility? Have structural barriers been considered?

References & Further Resources

These resources provide useful starting points for further reading about empowerment, strengths-based practice, recovery, personalised care and trauma-informed support.

NHS England

Provides resources on personalised care, shared decision-making, supported self-management and involving people in decisions about their health and care.

NICE

Publishes evidence-based guidance on patient experience, shared decision-making and condition-specific care. This helps place empowerment alongside appropriate clinical assessment and treatment.

SAMHSA

Its trauma-informed framework includes empowerment, voice and choice as core principles, with an emphasis on recognising strengths and supporting meaningful participation.

SCIE

Provides practical resources on strengths-based approaches, co-production, person-centred care, advocacy and supporting choice and control in social care.

How to use these resources

Empowerment-focused practice should sit alongside current professional standards, safeguarding, consent and capacity requirements, accessibility duties and condition-specific evidence-based guidance. Supporting agency does not mean transferring professional responsibility or withdrawing necessary support.